

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP
1	1						51				
2							52				
3		2					53				
4		2					54				
5		(1)					55				
6		↓					56				
7		0					57				
8		0					58				
9		1					59				
10		(1)					60				
11		(1)					61				
12		(1)					62				
13		(1)					63				
14		(1)					64				
15		(1)					65				
16							66				
17							67				
18							68				
19							69				
20							70				
21							71				
22							72				
23							73				
24							74				
25							75				
26							76				
27							77				
28							78				
29							79				
30							80				
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34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	1	↓		↓		↓	TOTAL IND.		↓		↓
TOTAL DEP.	16	←		←		←	TOTAL DEP.		←		←
TOTAL CLAIMS	17						TOTAL CLAIMS				